

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

053694

FILING DATE

7-2-79

APPLICANT(S)

Buechel, et al

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4	/		/		/	
5		/		/		/
6		/		/		/
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11		/		/		/
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13		/		/		/
14	/		/		<div style="text-align: center; font-size: 2em;">X</div>	
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36		/		/		
37		/		/		/
38		12		9		8
39				/		/
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42				/		/
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49			/		/	
50			/		/	
TOTAL IND.	10		17		15	
TOTAL DEP.	40		45		40	
TOTAL CLAIMS	50		62		55	

	* a		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		/
52				/		/
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						